

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the linesNational Association of Insurance and Financial Advisors Political Action Commit-  
tee

ADDRESS (number and street)

2901 Telestar Court

Check if different  
than previously  
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00005249

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

08

16

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		537428.48
(b) Cash on Hand at Beginning of Reporting Period .....	448958.30	
(c) Total Receipts (from Line 19) .....	85700.26	559356.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	534658.56	1096784.66
7. Total Disbursements (from Line 31) .....	186053.22	748179.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	348605.34	348605.34
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	43783.79	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	30503.06	156494.09
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	55197.20	400362.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	85700.26	556856.18
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	85700.26	556856.18
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	85700.26	559356.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	85700.26	559356.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	56553.22	173044.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	56553.22	173044.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	129500.00	574750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	385.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	385.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	186053.22	748179.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	186053.22	748179.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	85700.26	556856.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	385.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85700.26	556471.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	56553.22	173044.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	56553.22	173044.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael J. Ables, LUTCF

Mailing Address PO Box 2205

City State Zip Code  
 Avila Beach CA 93424-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624461

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Michael J. Ables, LUTCF

Mailing Address PO Box 2205

City State Zip Code  
 Avila Beach CA 93424-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 2 / 2 0 0 6

Transaction ID: R1626103

Amount of Each Receipt this Period

-105.00

RT

Full Name (Last, First, Middle Initial)

C. Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code  
 Las Vegas NV 89130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622128

Amount of Each Receipt this Period

72.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

72.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Dudley C. Aist, Jr.

Mailing Address P O Box 280

City State Zip Code  
 Charlotte Hall MD 20622

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 4 / 2 0 0 6

Transaction ID: R1625806

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. James M. Allen

Mailing Address 414 McCall Street

City State Zip Code  
 Waukesha WI 53186-6009

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623634

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Carol A. Anderson, LUTCF, CFP

Mailing Address 717 N. 87th St.

City State Zip Code  
 Omaha NE 68114

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625106

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Daniel W. Anderson, CLU ChFC

Mailing Address 423 River Street

City State Zip Code  
 Minneapolis MN 55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 3 / 2 0 0 6

Transaction ID: R1625801

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code  
 Jonesborough TN 37659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625100

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
 Washington DC 20001-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 6

Transaction ID: R1625884

Amount of Each Receipt this Period

20.83

Check

**SUBTOTAL** of Receipts This Page (optional) .....

320.83

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
 Washington DC 20001-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: R1626254

Amount of Each Receipt this Period

20.83

Check

B. Full Name (Last, First, Middle Initial)

Mr. Russell S. Andrews, CLU, ChFC

Mailing Address 106 W Jefferson St #601

City State Zip Code  
 Syracuse NY 13202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624726

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Gerald I. Applefield, CLU, JD

Mailing Address 9328 Hanover South Trail

City State Zip Code  
 Charlotte NC 28210-7731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 6

Transaction ID: R1625866

Amount of Each Receipt this Period

550.00

Check

SUBTOTAL of Receipts This Page (optional) .....

620.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Sil L. Arata, Jr., LUTC

Mailing Address P. O. Box 820365

City

Vancouver

State

WA

Zip Code

98682-0007

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623452

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Eph Baker, CLU, ChFC

Mailing Address 17411 Campbell St

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 7 / 2 0 0 6

Transaction ID: R1625827

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Thom E. Beasley

Mailing Address 1103 Dove Rd.

City

Jonesboro

State

AR

Zip Code

72401-5270

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624564

Amount of Each Receipt this Period

81.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

623.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John C. Beckwith

Mailing Address 1908 Greenbriar Drive

City State Zip Code  
 Portage MI 49024-5787

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624870

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Kent A. Bennett, LUTCF, CEP

Mailing Address 280 Hollow Road

City State Zip Code  
 Muncy PA 17756

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625465

Amount of Each Receipt this Period

87.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Douglas F. Bennetti, LUTCF

Mailing Address 806 Quail Run

City State Zip Code  
 Wyoming DE 19934

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 4 / 2 0 0 6

Transaction ID: R1626059

Amount of Each Receipt this Period

125.00

Check

SUBTOTAL of Receipts This Page (optional) .....

254.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Robert A. Berg, CLU, LUTCF

Mailing Address 1405 Blackberry Lane

City State Zip Code  
 Stevens Point WI 54481-9140

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624189

Amount of Each Receipt this Period

30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Thomas C. Besselman

Mailing Address 6421 Perkins Rd # 2b

City State Zip Code  
 Baton Rouge LA 70808-4125

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624011

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code  
 Reno NV 89503-3164

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624683

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Eleanor B. Blaylock

Mailing Address P.O. Box 296

City State Zip Code  
Oil City LA 71061-0296

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1623581

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James F. Boylan, LUTCF,CIC

Mailing Address 8489 N.W. 15th Ct

City State Zip Code  
Coral Springs FL 33071-6214

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 03 2006

Transaction ID: R1625617

Amount of Each Receipt this Period

350.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. John J. Bradley, CLU

Mailing Address 148 Grove Street

City State Zip Code  
Westwood MA 02090

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1624515

Amount of Each Receipt this Period

41.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

441.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Gary A. Bramon, CLU, ChFC

Mailing Address 269 San Felipe Way

City State Zip Code  
 Novato CA 94945-1687

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625059

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code  
 Maybee MI 48159-9777

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625216

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code  
 Maybee MI 48159-9777

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 0 / 2 0 0 6

Transaction ID: R1626005

Amount of Each Receipt this Period

100.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Frank H. Briggs, Jr., CLU, C

Mailing Address 2610 Bohler Rd NW

City State Zip Code  
 Atlanta GA 30327-1418

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625198

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. C. Robert Brown, Sr., CLU, L

Mailing Address 8675 WestCott

City State Zip Code  
 Germantown TN 38138-7738

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623344

Amount of Each Receipt this Period

62.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Michael O. Brown, LUTCF

Mailing Address 6512 Nell 3

City State Zip Code  
 Edmond OK 73013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624977

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

172.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. George B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City State Zip Code  
 Casper WY 82609-3902

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625027

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code  
 Broken Arrow OK 74011

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624696

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Jaford D. Burgad, LUTC

Mailing Address 3842 N. 10th St.

City State Zip Code  
 Fargo ND 58102-1044

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623773

Amount of Each Receipt this Period

30.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

132.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William D. Burke, CLU, CFP(r)

Mailing Address 2216 Nelda Way

City State Zip Code  
 Alamo CA 94507

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624468

Amount of Each Receipt this Period

21.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ms. Donna J. Burrill, CLU, ChFC,

Mailing Address P.O.BOX 143

City State Zip Code  
 FORT COLLINS CO 80522-0143

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625235

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. David Burstin, CLU, ChFC, R

Mailing Address 1435 Bennington Avenue

City State Zip Code  
 Pittsburgh PA 15217-1138

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 9 / 2 0 0 6

Transaction ID: R1625923

Amount of Each Receipt this Period

100.00

Check

SUBTOTAL of Receipts This Page (optional) .....

181.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Christopher D. Campbell, CLU, ChFC

Mailing Address 2511 Brandon Road

City State Zip Code  
Upper Arlington OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1624025

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Ms. Kelli J. Carmichael, CLU, LUTCF

Mailing Address 2914 S Coffman

City State Zip Code  
Casper WY 82604-4733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1625388

Amount of Each Receipt this Period

22.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. James M. Cavasar

Mailing Address 6 Chapel Hill Court

City State Zip Code  
Mansfield TX 76063-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1622252

Amount of Each Receipt this Period

36.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

101.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Mark A. Chandik, CLU, ChFC

Mailing Address 42 Ritz Cove Drive

City State Zip Code  
Dana Point CA 92629

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623814

Amount of Each Receipt this Period

208.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Ms. Queenie M. Chee, CLU, LUTC

Mailing Address 833 Waika Place

City State Zip Code  
Honolulu HI 96825-1061

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623879

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Ms. Adelia C. Chung, CLU, ChFC

Mailing Address 190 Dowsett Ave.

City State Zip Code  
Honolulu HI 96817-1108

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 0 6

Transaction ID: R1625609

Amount of Each Receipt this Period

500.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Thomas R. Clark, CLU, ChFC

Mailing Address 1603 22nd St Ste 202

City State Zip Code  
 West Des Moines IA 50266-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624969

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City State Zip Code  
 San Dimas CA 91773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624765

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Norman A. Coltrane, LUTCF

Mailing Address 1607 Hatherleigh Drive

City State Zip Code  
 Fayetteville NC 28304-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625079

Amount of Each Receipt this Period

30.25

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

132.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Melissa T. Copeland, LUTCf  
Mailing Address 236 Hobbs Landing Road

City State Zip Code  
Elizabeth City NC 27909

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1622057

Amount of Each Receipt this Period

55.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David A. Culley, CLU, ChFC  
Mailing Address 4187 Club Drive N.E.

City State Zip Code  
Atlanta GA 30319-1115

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1625432

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack H. Curtis  
Mailing Address 1508 Morning Glory Cr.

City State Zip Code  
Tupelo MS 38801

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1625358

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

139.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City State Zip Code  
 Lido Beach NY 11561-4828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625102

Amount of Each Receipt this Period

85.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City State Zip Code  
 Lido Beach NY 11561-4828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: R1626211

Amount of Each Receipt this Period

85.00

Check

**C.** Full Name (Last, First, Middle Initial)

Mr. Joseph L. Davis, CLU, ChFC,

Mailing Address 1420 Primrose Road N.W.

City State Zip Code  
 Washington DC 20012-1224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625005

Amount of Each Receipt this Period

135.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

305.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John R. Dean, LUTCF, CLU,

Mailing Address 1700 S.W. 15th Ave.

City State Zip Code  
 Willmar MN 56201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625404

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Paul R. Decker, CLU, ChFC

Mailing Address Box 1832

City State Zip Code  
 Idaho Falls ID 83403-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625239

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Paul S. Devore, CLU, CFP(r)

Mailing Address 11041 Sunnybrae Avenue

City State Zip Code  
 Chatsworth CA 91311-1651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 6 / 2 0 0 6

Transaction ID: R1626141

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

592.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. David S. Dickenson, II, CLU, Ch

Mailing Address 7535 Brigham Road

City State Zip Code

Gates Mills OH 44040

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624856

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Lyle Domenitz

Mailing Address 8720 Maggie Ave

City State Zip Code

Las Vegas NV 89143

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622332

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Robert E. Dooley, CLU, ChFC,

Mailing Address 1567 Edmond Drive

City State Zip Code

San Carlos CA 94070-4235

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: R1625778

Amount of Each Receipt this Period

500.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

592.40

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel D. Duren, CLU,ChFC,L  
Mailing Address 6537 S. 34th Street

City State Zip Code  
Lincoln NE 68516-5428

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623876

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Eddy, Jr., CLU, C  
Mailing Address 203 Autumn Oak Bend

City State Zip Code  
Lafayette LA 70508-8004

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624595

Amount of Each Receipt this Period

42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Matthew Edelstein, CLU,ChFC  
Mailing Address 1550 Penstemon Ct

City State Zip Code  
Grayslake IL 60030-3515

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622209

Amount of Each Receipt this Period

8.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

93.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald A. Eichelberger  
Mailing Address 3217 Highway D65

City State Zip Code  
Dysart IA 52224-9750

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625401

Amount of Each Receipt this Period

50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. M. Jay Einstein, CLU  
Mailing Address 59 Margarete Dr.

City State Zip Code  
Pittsgrove NJ 08318

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624827

Amount of Each Receipt this Period

72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott Engell, LUTCF  
Mailing Address 757 Armadillo Drive

City State Zip Code  
Deltona FL 32725-2651

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: R1625723

Amount of Each Receipt this Period

100.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

222.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald W. Erickson, CLU, AEP,  
Mailing Address 3002 St. Regis Rd

City State Zip Code  
Greensboro NC 27408-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624974

Amount of Each Receipt this Period

41.25

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Byron Hyatt Erstad, Jr.  
Mailing Address 2510 S Nantucket Way

City State Zip Code  
Boise ID 83706-5095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624965

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen D. Estler, CLU, ChFC  
Mailing Address 2177 NE 63 St.

City State Zip Code  
Fort Lauderdale FL 33308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624988

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

134.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Everett, LUTCF

Mailing Address 531 Daniel

City State Zip Code  
Santa Maria CA 93454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624229

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Gerald E. Ferrier, LUTCF, CTP

Mailing Address 4949 Samish Way  
#5

City State Zip Code  
Bellingham WA 98226-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625270

Amount of Each Receipt this Period

12.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. George C. Finklea, Jr., LUTCF

Mailing Address 1707 Waterford Dr

City State Zip Code  
Wilson NC 27896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: R1625769

Amount of Each Receipt this Period

550.00

Check

SUBTOTAL of Receipts This Page (optional) .....

604.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Timothy C. Flanagan, Jr.

Mailing Address 2007 Maynard Rd

City State Zip Code  
 Charlotte NC 28270-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: R1626225

Amount of Each Receipt this Period

275.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Thomas F. Flournoy, Jr., CLU

Mailing Address 2651 Stanislaus Circle

City State Zip Code  
 Macon GA 31204-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624815

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Marvin K. Fore, Jr.

Mailing Address 502 Lk. Charm Court

City State Zip Code  
 Oviedo FL 32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: R1625714

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

567.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. H. Larry Fortenberry, CPA, CLU, Ch

Mailing Address 603 Gordon Pl

City State Zip Code  
 Madison MS 39110-9799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624848

Amount of Each Receipt this Period

52.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Fowler, Jr.

Mailing Address 481 Route 82

City State Zip Code  
 Oakdale CT 06370-1149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624866

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code  
 Bellevue WA 98006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624637

Amount of Each Receipt this Period

107.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code  
 New York NY 10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625096

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. James E. Freilinger

Mailing Address 24 Teal Point Dr

City State Zip Code  
 Scarborough ME 04074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 6

Transaction ID: R1625849

Amount of Each Receipt this Period

75.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Robert L. French, LUTCF

Mailing Address 4105 Sheridan Lake Road

City State Zip Code  
 Rapid City SD 57702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624497

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

147.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Peter Fulchiron, CLU, LUTCF  
Mailing Address 411 San Andreas Drive

City State Zip Code  
Novato CA 94945-1237

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625472

Amount of Each Receipt this Period

208.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald T. Fulton, CLU, ChFC  
Mailing Address 43 Bridleshire Road

City State Zip Code  
Newark DE 19711-6217

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: R1625815

Amount of Each Receipt this Period

250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. R. Keith Fulton  
Mailing Address 1547 Davenport Dr

City State Zip Code  
New Port Richey FL 34655-4230

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 6

Transaction ID: R1625718

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

708.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 33 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Adger Lamar Gaines, LUTCF

Mailing Address 106 Smith Circle

City State Zip Code  
Belton SC 29627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1623944

Amount of Each Receipt this Period

10.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Jason M. Garman

Mailing Address 1103 Bear Cub Ct.

City State Zip Code  
Henderson NV 89012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1622189

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Jules O. Gaudreau, Jr., ChFC

Mailing Address PO Box 369  
1984 Boston Rd

City State Zip Code  
Wilbraham MA 01095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y  
07 31 2006

Transaction ID: R1626226

Amount of Each Receipt this Period

545.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

605.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. James O. Geitgey, LUTCF, FIC

Mailing Address 279 Glenmore Dr.

City State Zip Code  
 Springfield OH 45503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624904

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Gregory Gianakis

Mailing Address 5315 S Conquistador St

City State Zip Code  
 Las Vegas NV 89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1621944

Amount of Each Receipt this Period

25.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Keith M. Gillies, CLU, ChFC,

Mailing Address 109 W. Lakeview Dr.

City State Zip Code  
 La Place LA 70068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624343

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

105.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Arthur J. Glatfelter, Jr.

Mailing Address P.O. Box 2726

City State Zip Code  
 York PA 17405-2726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 9 / 2 0 0 6

Transaction ID: R1625937

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

**B.** Constance Y. Golleher

Mailing Address PO Box 255

City State Zip Code  
 Mc Lean VA 22101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622239

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Julian H. Good, Jr.

Mailing Address 5534 Jacquelyn Court

City State Zip Code  
 New Orleans LA 70124-1047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 0 / 2 0 0 6

Transaction ID: R1626017

Amount of Each Receipt this Period

500.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

1030.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Stephen J. Gowers, CLU, CEP

Mailing Address 2809 Avenue of The Woods

City State Zip Code  
Louisville KY 40241-6233

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: R1625637

Amount of Each Receipt this Period

300.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code  
Durham NC 27713

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.25

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623628

Amount of Each Receipt this Period

46.75

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Karl Erik Hansen, CLU, ChFC,

Mailing Address 900 North Shoreline Boulevard

City State Zip Code  
Mountain View CA 94043-1933

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625365

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

389.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Alex Hanson, CLU, ChFC

Mailing Address 7888 Glen Finnan Cir

City State Zip Code  
 Ft Myers FL 33912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625334

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. William N. Haraway

Mailing Address 2250 Bear Den Rd  
 Unit 409

City State Zip Code  
 Frederick MD 21701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625384

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Thomas M. Hawco, CLU, ChFC

Mailing Address 900 Rockhurst Drive

City State Zip Code  
 Lincoln NE 68510-4114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625108

Amount of Each Receipt this Period

62.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

146.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Samuel H. Hazleton, IV  
Mailing Address 4220 Lakeshore Drive

City State Zip Code  
Diamond Point NY 12824

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623637

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth W. Head, CLU, LUTCF  
Mailing Address 203 Burning Brush Rd

City State Zip Code  
Greenville SC 29607

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 0 6

Transaction ID: R1626034

Amount of Each Receipt this Period

500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry K. Headley, LUTCF, LIC  
Mailing Address 20704 Meadow Ridge Dr.

City State Zip Code  
Springfield NE 68059

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623550

Amount of Each Receipt this Period

208.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sharon G. Heierman, CAE

Mailing Address 2990 Kemp Rd

City State Zip Code  
Havana FL 32333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622161

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marcus T. Henderson, LUTCF

Mailing Address 109 Barrington Court East

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625057

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael B. Hendley

Mailing Address 3939 Roswell Road  
Ste. 240

City State Zip Code  
Marietta GA 30062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623620

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Ronald G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code  
 Boone NC 28607

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.25

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625073

Amount of Each Receipt this Period

46.75

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code  
 Seward NE 68434

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625392

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Timothy H. Holladay

Mailing Address 8926 Ross Ln.

City State Zip Code  
 New Port Richey FL 34654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 3 / 2 0 0 6

Transaction ID: R1625623

Amount of Each Receipt this Period

200.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

288.75

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Timothy H. Holladay

Mailing Address 8926 Ross Ln.

City State Zip Code  
 New Port Richey FL 34654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 7 / 2 0 0 6

Transaction ID: R1625800

Amount of Each Receipt this Period

625.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. Robert J. Hollander, LUTCF

Mailing Address 904 Rockhurst Dr.

City State Zip Code  
 Lincoln NE 68510-4114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624080

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code  
 Las Vegas NV 89146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624040

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. April L. Howard  
Mailing Address 3386 Williamsburg

City State Zip Code  
Boise ID 83706-5320

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624579

Amount of Each Receipt this Period

57.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. William A. Hume, LUTCF  
Mailing Address 1075 Woodfield Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623421

Amount of Each Receipt this Period

30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Hollis O. Inglett, Jr., LUTCF  
Mailing Address 31 Cone Rd

City State Zip Code  
Ormond Beach FL 32174-7903

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625343

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

129.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Marwan Jabbour			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 2 / 2 0 0 6	
Mailing Address 7601 Lewinsville Road, Suite 420			<b>Transaction ID:</b> R1626031	
City State Zip Code Mc Lean VA 22102		Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Credit Card		
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 190 So. 800 W.			<b>Transaction ID:</b> R1623812	
City State Zip Code Blackfoot ID 83221-6132		Amount of Each Receipt this Period 50.40		
FEC ID number of contributing federal political committee. C		Payroll Deduction		
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 355.80		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gordon E. Kagawa			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 3 / 2 0 0 6	
Mailing Address 877 Puuikena Dr			<b>Transaction ID:</b> R1625610	
City State Zip Code Honolulu HI 96821-2564		Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Check		
Name of Employer Self-employed		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) .....

550.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Terry M. Kaltenbach, CLU, ChFC  
Mailing Address 1358 Ahlrich Ave

City State Zip Code  
Encintas CA 92024-4029

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624665

Amount of Each Receipt this Period

125.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. George W. Karr, Jr., CLU  
Mailing Address 61 Gessner Rd.

City State Zip Code  
Kintersville PA 18930

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: R1626259

Amount of Each Receipt this Period

500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. John B. Kearns, LUTCF  
Mailing Address 1802 First Ave

City State Zip Code  
Scottsbluff NE 69361

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623480

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

667.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 45 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley, JD  
Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: R1625885

Amount of Each Receipt this Period

52.25

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley, JD  
Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: R1626255

Amount of Each Receipt this Period

52.25

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roy W. Kern, LUTCF, CLTC  
Mailing Address 3775 West Randall Road

City State Zip Code  
Springfield MO 65810

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625218

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

164.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. David G. Klemisch, LUTCF

Mailing Address 2801 26th Ave SW

City State Zip Code  
 Fargo ND 58103

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624035

Amount of Each Receipt this Period

51.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Casey C. Knake, CLU, ChFC

Mailing Address 2902 Mach I Dr.

City State Zip Code  
 Norfolk NE 68701-3238

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623809

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Kenneth E. Knox, CLU, ChFC

Mailing Address Unit 9, 10 East St

City State Zip Code  
 Providence RI 02906-3069

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624917

Amount of Each Receipt this Period

50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

143.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James C. Koburger  
Mailing Address 3134 Brandywine Drive

City State Zip Code  
Tallahassee FL 32308

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2006

Transaction ID: R1625720

Amount of Each Receipt this Period

500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lance B. Kolbet, RHU, LUTCF  
Mailing Address 4632 Mountain Park Rd.

City State Zip Code  
Pocatello ID 83202

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1625037

Amount of Each Receipt this Period

126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. David M. Koll, LUTCF, CLT  
Mailing Address 1612 S. 152nd Street

City State Zip Code  
Omaha NE 68144-5121

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1624483

Amount of Each Receipt this Period

105.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

731.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gerald E. Koll, CLU, ChFC, L

Mailing Address 4162 Southshore Blvd.

City State Zip Code  
 Lake Oswego OR 97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: R1626258

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Richard A. Koob, CLU, ChFC,

Mailing Address 301 Frederick Street

City State Zip Code  
 Waukesha WI 53186-8116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624706

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David T. Koppa, CLU, LUTCF

Mailing Address 1105 Via Bolzano

City State Zip Code  
 Santa Barbara CA 93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624459

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

342.90

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 49 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Bryan M. Krupin

Mailing Address 204 21st Place

City State Zip Code  
 Manhattan Beach CA 90266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 1 / 2 0 0 6

Transaction ID: R1625770

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)

Mr. Thomas R. Laster, RHU

Mailing Address 1713 Elmhurst Ave

City State Zip Code  
 Nichols Hills OK 73120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625340

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Daniel L. Lawrence

Mailing Address 5553 Peters Drive

City State Zip Code  
 West Bend WI 53095

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623808

Amount of Each Receipt this Period

51.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

601.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald B. Lee, CLU ChFC

Mailing Address Group Strategies, LLC  
292 Madison Avenue, 7th Floor

City State Zip Code  
New York NY 10017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: R1625785

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lanny D. Levin, CLU, ChFC

Mailing Address 313 Laurel

City State Zip Code  
Highland Park IL 60035-2619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625092

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce C. Lichtenberg, LUTC

Mailing Address 2265 Cypress Point

City State Zip Code  
Discovery Bay CA 94514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625366

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

584.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 51 / 115

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard H. Lindsay  
Mailing Address 11417 Sumac Lane

City State Zip Code  
Camarillo CA 93012-8860

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: R1625854

Amount of Each Receipt this Period

250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Lounds  
Mailing Address 2477 Valley Oaks Circle

City State Zip Code  
Flint MI 48532

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625430

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia S. Lucas, CLU,CLTC,L  
Mailing Address 8375 Starlight Lane

City State Zip Code  
Boones Mill VA 24065-1909

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624235

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

397.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William J. Lynch, LUTCF

Mailing Address 5075 SW Griffith Dr. #200

City State Zip Code  
Beaverton OR 97005

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1625157

Amount of Each Receipt this Period

37.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. William E. Mahoney, Jr.

Mailing Address 26 Windpath East

City State Zip Code  
West Springfield MA 01089-1707

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 21 2006

Transaction ID: R1625966

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. William E. Mahoney, Jr.

Mailing Address 26 Windpath East

City State Zip Code  
West Springfield MA 01089-1707

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 28 2006

Transaction ID: R1626200

Amount of Each Receipt this Period

100.00

Check

SUBTOTAL of Receipts This Page (optional) .....

387.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Glenford B. Malcolm, Sr.

Mailing Address P. O. Box 822315

City State Zip Code  
 South Florida FL 33082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625442

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Joseph J. Maltese, CFP

Mailing Address 4176 Arikakee Court

City State Zip Code  
 Jacksonville FL 32223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623974

Amount of Each Receipt this Period

42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Leonard Martin, CSA

Mailing Address 98 Tennyson Rd

City State Zip Code  
 Warwick RI 02888

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624409

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

134.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roosevelt Maske, LUTCF  
Mailing Address 5515 Fairvista Drive

City State Zip Code  
Charlotte NC 28269-0633

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1624500

Amount of Each Receipt this Period

33.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Darren Scott Mason, CLU, ChFC  
Mailing Address 178 Shorecliff Rd

City State Zip Code  
Corona Del Mar CA 92625-2648

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1624907

Amount of Each Receipt this Period

41.66

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl James Maus, LUTCF  
Mailing Address 432 Fort Saratoga

City State Zip Code  
Saint Charles MO 63303-1766

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2006

Transaction ID: R1625399

Amount of Each Receipt this Period

50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

125.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Ronald R. McCall, II

Mailing Address 669 Lake Drive

City State Zip Code  
Vero Beach FL 32963-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 0 6

Transaction ID: R1626030

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code  
West Monroe LA 71291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623679

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Clyde P. McFadden, LUTCF

Mailing Address 95 White Bridge Rd Ste 116

City State Zip Code  
Nashville TN 37205-1427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623571

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

334.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Juli Y. McNeely, LUTCf,CFP

Mailing Address S764 Hanson Road

City State Zip Code  
 Spencer WI 54479

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624301

Amount of Each Receipt this Period

30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Dennis R. Merideth, CLU, ChFC

Mailing Address 6210 N. Camino Pimeria Alta

City State Zip Code  
 Tucson AZ 85718

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624632

Amount of Each Receipt this Period

66.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. David A. Middaugh, CLU, AEP

Mailing Address 3273 Evergreen Road

City State Zip Code  
 Fargo ND 58102-1214

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625397

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

222.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Dennis L. Miller, LUTCF, CLU

Mailing Address 649 State Road  
P.O. Box 186

City State Zip Code  
Vassar MI 48768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624068

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Stanley R. Miller, LUTCF

Mailing Address 1917 Parkside Dr.

City State Zip Code  
Anchorage AK 99501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624004

Amount of Each Receipt this Period

41.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code  
Bellingham WA 98226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623136

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

143.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Martin Montefel, CLU  
Mailing Address 16932 SW 5th Way

City State Zip Code  
Weston FL 33326-1564

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625032

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James W. Monteverde  
Mailing Address WaterWorks Road

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625460

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Morales, LUTCF, CLT  
Mailing Address 1125 Wyoming Avenue

City State Zip Code  
Reno NV 89503-3342

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623031

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 59 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Raymond H. Moran, CLU, ChFC  
Mailing Address 5463 Irvin Park Cove

City State Zip Code  
Memphis TN 38119

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625222

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr Joseph L Morton, III, JD  
Mailing Address 5487 N. Bach

City State Zip Code  
Meridian ID 83642

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622105

Amount of Each Receipt this Period

126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Nelson, CLU, LUTCF  
Mailing Address 14712 Shirley Street

City State Zip Code  
Omaha NE 68144-2144

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625402

Amount of Each Receipt this Period

50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

218.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code  
 Chicago IL 60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 7 / 2 0 0 6

Transaction ID: R1625824

Amount of Each Receipt this Period

350.00

Check

B. Full Name (Last, First, Middle Initial)

Ms. Shirley A. Nielsen, LUTCF, CLU

Mailing Address 2817 Circle Drive

City State Zip Code  
 Grand Island NE 68801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625394

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Frank R. Nolim, CLU, ChFC,

Mailing Address 2017 Grafton Ave

City State Zip Code  
 Henderson NV 89014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625314

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ray C. Nowicky, CLU  
Mailing Address 1718 Victoria Circle

City State Zip Code  
Vero Beach FL 32967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 0 6

Transaction ID: R1625575

Amount of Each Receipt this Period

250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian E. O'Brien, CLU,ChFC,L  
Mailing Address 1651 Wolf Run Dr.

City State Zip Code  
Richfield WI 53076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622673

Amount of Each Receipt this Period

51.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James W. Oglesby, LUTCF  
Mailing Address P. O. Box 7156

City State Zip Code  
Asheville NC 28802-7156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625233

Amount of Each Receipt this Period

143.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

444.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Rae Lee Olson  
Mailing Address 218 N El Monte Ave

City State Zip Code  
Los Altos CA 94022-2354

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625374

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mitchell W. Ostrove, CLU, ChFC  
Mailing Address 4 New King Street

City State Zip Code  
White Plains NY 10604-1202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624487

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary M. Owens, LUTCF  
Mailing Address PO Box 835

City State Zip Code  
Sultan WA 98294

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623089

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Roger L. Owens, LUTCF, RHU

Mailing Address 51 Lance Ct

City State Zip Code  
 Elkton MD 21921-7219

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623032

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Aldous Kawaiiani Paalani

Mailing Address 2219 Kaululaau Street

City State Zip Code  
 Honolulu HI 96813-1230

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624756

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. John Palladino, Jr., CLU, C

Mailing Address 14670 Quito Rd

City State Zip Code  
 Saratoga CA 95070

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623232

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

134.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Joseph S. Pantozzi, CLU, ChFC

Mailing Address PO Box 95063

City State Zip Code  
 Las Vegas NV 89193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624997

Amount of Each Receipt this Period

60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Barton C. Pasco, CLU, ChFC,

Mailing Address 309 Running Cedar Lane

City State Zip Code  
 Richmond VA 23229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625063

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Barton C. Pasco, CLU, ChFC,

Mailing Address 309 Running Cedar Lane

City State Zip Code  
 Richmond VA 23229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625761

Amount of Each Receipt this Period

50.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Debbie K. Paul, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 4001 MacArthur Blvd Suite 300		<b>Transaction ID:</b> R1624910
City State Zip Code Newport Beach CA 92660-2510	Amount of Each Receipt this Period 42.50	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 297.50	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Gary H. Pendleton, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 2601 Oberlin Rd		<b>Transaction ID:</b> R1624627
City State Zip Code Raleigh NC 27608-1319	Amount of Each Receipt this Period 45.83	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 320.81	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Mike Peters, CLU, ChFC, L		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 11702 Golden Valley Dr		<b>Transaction ID:</b> R1626010
City State Zip Code New Port Richey FL 34654-5431	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

338.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Brian R. Phares, LIC Mailing Address 1420 Hackberry Road City North Platte State NE Zip Code 69101-6841 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 332.50		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 6 <b>Transaction ID: R1625391</b> Amount of Each Receipt this Period 47.50 Payroll Deduction
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Harry Phillips, III Mailing Address 71 Hawthorne Way City Hartsdale State NY Zip Code 10530-3020 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 8 / 2 0 0 6 <b>Transaction ID: R1626202</b> Amount of Each Receipt this Period 500.00 Check
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. A. Duer Pierce, Jr. Mailing Address 5818 Kennett Pike City Wilmington State DE Zip Code 19807-1116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 6 <b>Transaction ID: R1623096</b> Amount of Each Receipt this Period 25.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

572.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. R. Jan Pinney, CLU, ChFC,

Mailing Address 5152 Ellington Court

City State Zip Code  
 Granite Bay CA 95746-7188

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624494

Amount of Each Receipt this Period

208.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Charles W. Potts, CLU, RHU,

Mailing Address 12725 St. Andrews Ter

City State Zip Code  
 Oklahoma City OK 73120-8807

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624971

Amount of Each Receipt this Period

30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert W. Powell, CLU, LUTC

Mailing Address 3709 Barton Creek Blvd.

City State Zip Code  
 Austin TX 78735

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: R1626263

Amount of Each Receipt this Period

550.00

Check

SUBTOTAL of Receipts This Page (optional) .....

788.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Henry L Prien, CLU, LUTCF  
Mailing Address 1121 Westrac Dr. Ste. 206

City State Zip Code  
 Fargo ND 58103-2385

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625286

Amount of Each Receipt this Period

51.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward F. Randolph  
Mailing Address 1515 Mill Bay Road

City State Zip Code  
 Kodiak AK 99615-6233

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622588

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin J. Reinke, LUTCF, CIC  
Mailing Address 3418 43rd Street

City State Zip Code  
 Metairie LA 70001

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 6

Transaction ID: R1625874

Amount of Each Receipt this Period

250.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

343.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Rensing, LUTCF  
Mailing Address 2515 S. 105th Ave

City State Zip Code  
Omaha NE 68124-1825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623160

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark J. Richards, CLU, ChFC  
Mailing Address 2700 E. Williamette

City State Zip Code  
Littleton CO 80121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: R1626067

Amount of Each Receipt this Period

350.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. August P. Richter, IV, LUTCF,  
Mailing Address 401 Wild Oak Drive

City State Zip Code  
Manitowoc WI 54220-9054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622741

Amount of Each Receipt this Period

50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

442.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 70 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Richard R. Rios, CLU, ChFC

Mailing Address 8720 El Chapul Way

City State Zip Code  
 Fair Oaks CA 95628-5454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622557

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Robert M. Roach, CLU, ChFC

Mailing Address 1287 Harrison Pond Drive

City State Zip Code  
 New Albany OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624711

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. David B. Romero, ChFC

Mailing Address 6909 Oak Hill Cir.

City State Zip Code  
 Shreveport LA 71106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 0 / 2 0 0 6

Transaction ID: R1626020

Amount of Each Receipt this Period

250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Rosenzweig, CLU, ChFC,  
Mailing Address 13 Augusta Lane

City State Zip Code  
Manhasset NY 11030-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: R1626050

Amount of Each Receipt this Period

250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harry S. Rosnick, LUTCF  
Mailing Address 3435 Jefferson Davis Hwy  
P.O. Box 360

City State Zip Code  
Fredericksburg VA 22404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1622525

Amount of Each Receipt this Period

25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Franklin W. Roth, LUTCF  
Mailing Address 608 Buckwood Dr.

City State Zip Code  
Orlando FL 32806-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2006

Transaction ID: R1625716

Amount of Each Receipt this Period

500.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. D. David Russell  
Mailing Address 8461 Eagle Preserve Way

City State Zip Code  
Sarasota FL 34241-9449

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1622663

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel L. Rust, LUTCF  
Mailing Address 114 W. Arnold

City State Zip Code  
Bozeman MT 59715-6129

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1624532

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel L. Rust, LUTCF  
Mailing Address 114 W. Arnold

City State Zip Code  
Bozeman MT 59715-6129

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: R1626262

Amount of Each Receipt this Period

240.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Melvin H. Saiki

Mailing Address 95-745 Lauaki St.

City State Zip Code  
 Mililani HI 96789-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 6 / 2 0 0 6

Transaction ID: R1625678

Amount of Each Receipt this Period

100.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Daniel J. Scholz, CLU, ChFC

Mailing Address 1510 So. 183 Circle

City State Zip Code  
 Omaha NE 68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625246

Amount of Each Receipt this Period

62.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Cynthia D. Schumacker, CLU, ChFC

Mailing Address 911 Bates Rd.

City State Zip Code  
 Cleveland OH 44116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 3 / 2 0 0 6

Transaction ID: R1625791

Amount of Each Receipt this Period

300.00

Check

SUBTOTAL of Receipts This Page (optional) .....

462.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark B. Schwendeman

Mailing Address 427 4th St

City State Zip Code  
Marietta OH 45750-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1625439

Amount of Each Receipt this Period

30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walter J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City State Zip Code  
OSHKOSH WI 54901-5354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1624658

Amount of Each Receipt this Period

50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A. Shalek, Jr., CLU, Ch

Mailing Address 1706 Candleberry Lane

City State Zip Code  
Yorkville IL 60560-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1622669

Amount of Each Receipt this Period

25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

105.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Troy J. Shreve, CLU  
Mailing Address 7100 S 45th Street

City State Zip Code  
Lincoln NE 68516-3016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624844

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James John Silbernagel, LUTCF  
Mailing Address W 2329 Capital Drive

City State Zip Code  
Campbellsport WI 53010-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623247

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ken Simons, CLU, ChFC,  
Mailing Address 808 Thoroughbred Lane

City State Zip Code  
Artesia NM 88210-2232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624753

Amount of Each Receipt this Period

50.10

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

152.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. C. Gibbs Smith, Jr., CLU

Mailing Address 2028 Priest Rd

City State Zip Code  
Nashville TN 37215-5116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2006

Transaction ID: R1625792

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)

Mr. Robert O. Smith, CLU, ChFC,

Mailing Address 242 Greenbrier Dr SE

City State Zip Code  
Grand Rapids MI 49546-2232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2006

Transaction ID: R1625853

Amount of Each Receipt this Period

500.00

Check

**C.** Full Name (Last, First, Middle Initial)

Mr. Russell A. Smith, CLU, ChFC,

Mailing Address 22928 San Joaquin Drive East

City State Zip Code  
Canyon Lake CA 92587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1624558

Amount of Each Receipt this Period

208.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1208.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code  
 Flushing MI 48433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624576

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City State Zip Code  
 Athens OH 45701-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625093

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Ms. Sharon L. Sparling, CIC

Mailing Address 1100 E. College Way

City State Zip Code  
 Mount Vernon WA 98273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623296

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

189.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Noel Courtney Spencer

Mailing Address 3 Valerie Drive

City State Zip Code  
 Chester NY 10918-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622628

Amount of Each Receipt this Period

104.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Walter C. Sprye, Jr., CLU, C

Mailing Address 101 Stoney Brook Rd.

City State Zip Code  
 Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625193

Amount of Each Receipt this Period

46.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Lawrence Stack, CLU, ChFC

Mailing Address 28411 Northwestern Hwy Ste 1300

City State Zip Code  
 Southfield MI 48034-5543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624602

Amount of Each Receipt this Period

50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

200.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Angelo T. Stath  
Mailing Address 7821 Massachusetts

City State Zip Code  
Merrville IN 46410-5531

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625435

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John P. Steele, LUTCF  
Mailing Address 122 West Main

City State Zip Code  
Manhattan MT 59741

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622781

Amount of Each Receipt this Period

30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas John Stosic  
Mailing Address 9820 Dixon Lane

City State Zip Code  
Reno NV 89511-9455

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625151

Amount of Each Receipt this Period

126.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

206.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David L. Stratton, CLU, ChFC,

Mailing Address 13115 Beach Cir.

City

Anchorage

State

AK

Zip Code

99515-3748

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625020

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Steven M. Stratton, LUTCF, CSA

Mailing Address 17131 Parkview Dr

City

Morgan Hill

State

CA

Zip Code

95037-6606

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623014

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Robert A. Styrkiewicz, CLU, LUTCF

Mailing Address 25 Monterey Drive

City

Vernon Hills

State

IL

Zip Code

60061-2332

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623166

Amount of Each Receipt this Period

49.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

259.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City State Zip Code  
 Gainesville FL 32605-1912

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625082

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code  
 Signal Hill CA 90755

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622896

Amount of Each Receipt this Period

105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Joseph A. Sztapka

Mailing Address 3705 S. Judy Ave

City State Zip Code  
 Sioux Falls SD 57103-7248

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622858

Amount of Each Receipt this Period

50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

197.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.  
P.O. Box 2433

City State Zip Code  
Cody WY 82414-2433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1625115

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City State Zip Code  
Old Orchard Beach ME 04064-2709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2006

Transaction ID: R1625483

Amount of Each Receipt this Period

72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Michael G. Taylor, CLU, ChFC

Mailing Address 543 Auwina Street

City State Zip Code  
Kailua HI 96734-3426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
07 03 2006

Transaction ID: R1625593

Amount of Each Receipt this Period

100.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

222.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Roland L. Terrell

Mailing Address 804 E 2nd

City State Zip Code  
 Iowa LA 70647-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 0 / 2 0 0 6

Transaction ID: R1626018

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Mark R. Tiralosi, LUTCF

Mailing Address 844 Ashbrooke Court

City State Zip Code  
 Lake Mary FL 32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 3 / 2 0 0 6

Transaction ID: R1625622

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code  
 Des Moines IA 50321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622560

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

550.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Raymond J. Triplett

Mailing Address 16171 Hillvale Ave

City State Zip Code  
 Monte Sereno CA 95030-4159

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 7 / 2 0 0 6

Transaction ID: R1626175

Amount of Each Receipt this Period

100.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lynda D. Turner, LUTCF

Mailing Address 1070 South Bosque Loop

City State Zip Code  
 Bosque Farms NM 87068-9063

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625179

Amount of Each Receipt this Period

36.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Charmaine Uhrig, LUTCF

Mailing Address RR 1 Box 273A

City State Zip Code  
 Minatare NE 69356

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623429

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

178.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. William M. Upson, ChFC, CLU

Mailing Address 510 Bridle Ct

City State Zip Code  
 Walnut Creek CA 94596-6548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 5 / 2 0 0 6

Transaction ID: R1626138

Amount of Each Receipt this Period

250.50

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City State Zip Code  
 Mars PA 16046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625055

Amount of Each Receipt this Period

42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Michael P. Victorino

Mailing Address 840 Alua St., #103

City State Zip Code  
 Wailuku HI 96793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 6 / 2 0 0 6

Transaction ID: R1625672

Amount of Each Receipt this Period

125.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

418.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael P. Victorino  
Mailing Address 840 Alua St., #103

City State Zip Code  
Wailuku HI 96793

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1625363

Amount of Each Receipt this Period

12.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard D. Vonderlage, CSA, LUTCF  
Mailing Address 15202 Sprague St

City State Zip Code  
Omaha NE 68116

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1624881

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Webb  
Mailing Address 2516 Longview Ave.

City State Zip Code  
Roanoke VA 24014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1622446

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

97.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark A. Weber, CLU, ChFC,

Mailing Address 512 S. 158 Avenue Circle

City State Zip Code  
Omaha NE 68118-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1625763

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City State Zip Code  
Salt Lake City UT 84105-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1625241

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Matthew C. Weider, CLU, ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code  
Clifton VA 20124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.80

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: R1622326

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

600.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code  
Valley Center CA 92082-6808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623054

Amount of Each Receipt this Period

45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Marlin D. Wells, CLU, ChFC,

Mailing Address 2201 N. Washington

City State Zip Code  
Roswell NM 88201-3377

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622846

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Lester E. Westgard, CLU

Mailing Address 2714 26th Ave SW

City State Zip Code  
Fargo ND 58103-5006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622662

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. William T. Whitmore, Jr., LUTC

Mailing Address P. O. Box 4748

City State Zip Code  
 Virginia Beach VA 23454-0748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624619

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Irv Wiese, CLU, ChFC,

Mailing Address 318 Stamford Bridge Rd

City State Zip Code  
 Columbia SC 29212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623224

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Leroy L. Wilbers, Jr.

Mailing Address 309 Deerfield Pl

City State Zip Code  
 Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623204

Amount of Each Receipt this Period

126.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

210.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Boyd Lee Williams  
Mailing Address 7023 W. Williamette Ave

City State Zip Code  
Kennewick WA 99336-1280

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622977

Amount of Each Receipt this Period

105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Cliff F. Wilson, CLU, ChFC,  
Mailing Address 1458 W. Bahia Court

City State Zip Code  
Gilbert AZ 85233

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1622534

Amount of Each Receipt this Period

126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry J. Winkelhake, CLU, ChFC  
Mailing Address 18600 Longview Ct

City State Zip Code  
Brookfield WI 53045

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624641

Amount of Each Receipt this Period

90.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

321.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Benjamin Bunn Woodard, Jr.  
Mailing Address 109 Bristol Court

City State Zip Code  
Rocky Mount NC 27803-1203

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623074

Amount of Each Receipt this Period

46.75

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward A. Zabielski, Jr.  
Mailing Address 104 Clay Ct.

City State Zip Code  
Landenberg PA 19350

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1625458

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles D. Zaleski, CLU, ChFC  
Mailing Address 28400 Ridgethorne Ct

City State Zip Code  
Rancho Palos Verde CA 90275-3258

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624714

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

193.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan R. Zalewski, CLU, ChFC,  
Mailing Address 6908 North 27th Street

City State Zip Code  
Tacoma WA 98407-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1623291

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Theodore J. Zouzounis, CLU  
Mailing Address 820 Mariposa Rd

City State Zip Code  
Lafayette CA 94549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 6

Transaction ID: R1624618

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

92.50

**TOTAL** This Period (last page this line number only) .....

30503.06

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. First Union Bank**

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D8861

Date of Disbursement

07 / 30 / 2006

Amount of Each Disbursement this Period

640.95

## **B. NAIFA**

Full Name (Last, First, Middle Initial)

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

Purpose of Disbursement

Payroll, Benefits, Supplies, Copies,

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D8860

Date of Disbursement

07 / 30 / 2006

Amount of Each Disbursement this Period

55912.27

etc.

**SUBTOTAL** of Disbursements This Page (optional) .....

56553.22

**TOTAL** This Period (last page this line number only) .....

56553.22

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. A Lot of People Who Support Jeff Bingaman**

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement  
Contr. Jeff Bingaman (NM-D-US Senate)

Candidate Name  
Jeff Bingaman

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District:

Transaction ID: D8826

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Akaka for Senate in 2006**

Mailing Address Post Office Box 3169

City Honolulu State HI Zip Code 96802

Purpose of Disbursement  
Contr. Daniel Kahikina Akaka (HI-D-US

Candidate Name  
Daniel Kahikina Akaka

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District:

Transaction ID: D8850

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

2500.00

Senate)

Full Name (Last, First, Middle Initial)

## **C. Bachus for Congress**

Mailing Address P O Box 59444

City Birmingham State AL Zip Code 35259

Purpose of Disbursement  
Contr. Spencer Thomas Bachus, III

Candidate Name  
Spencer Thomas Bachus, III

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 06

Transaction ID: D8791

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

(AL-6-R-US House)

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Baker for Congress Committee

Mailing Address Post Office Box 1694

City State Zip Code  
Baton Rouge LA 70821

Purpose of Disbursement  
Contr. Richard H. Baker (LA-6-R-US)

Candidate Name  
Richard H. Baker

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D8834

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Boyd For Congress

Mailing Address PO Box 15703

City State Zip Code  
Tallahassee FL 32317

Purpose of Disbursement  
Returned Check #11619 dated 6/16/2006

Candidate Name  
Allen Boyd

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: D8784

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 0 6 / 2 0 0 6

Amount of Each Disbursement this Period

-1000.00

for Allen Boyd (FL-2-D).

Full Name (Last, First, Middle Initial)

**C.** Brown-Waite for Congress

Mailing Address 704 Ponce De Leon Blvd

City State Zip Code  
Brooksville FL 34601

Purpose of Disbursement  
Contr. Virginia Brown-Waite (FL-5-R-US)

Candidate Name  
Virginia Brown-Waite

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: D8790

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 1 0 / 2 0 0 6

Amount of Each Disbursement this Period

3000.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Carper for Senate

Mailing Address 19 East Commons Blvd Second Floor

City State Zip Code  
New Castle DE 19720

Purpose of Disbursement  
Contr. Thomas R. Carper (DE-D-US House)

Candidate Name  
Thomas R. Carper

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE District:

Transaction ID: D8835

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Charlie Melancon Campaign Committee, Inc.

Mailing Address 511 Congress Street/PO Box 549

City State Zip Code  
Napoleonville LA 70390

Purpose of Disbursement  
Contr. Charles Melancon (LA-3-D-US)

Candidate Name  
Charles Melancon

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: D8836

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**C.** Clay Jr. for Congress

Mailing Address 625 N Euclid Avenue, Suite 200

City State Zip Code  
St. Louis MO 63108

Purpose of Disbursement  
Contr. William Lacy Clay, Jr. (MO-1-D-US)

Candidate Name  
William Lacy Clay, Jr.

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 01

Transaction ID: D8840

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Committee to Elect Nydia M. Velazquez to Congress**

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
Contr. Nydia M. Velazquez (NY-12-D-US)

Candidate Name  
Nydia M. Velazquez

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: D8824

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 24 / 2006

Amount of Each Disbursement this Period

1500.00

House)

Full Name (Last, First, Middle Initial)

## **B. Congressman Bart Gordon Committee**

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement  
Contr. Bart Gordon (TN-6-D-US House)

Candidate Name  
Bart Gordon

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D8799

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contr. Joseph Crowley (NY-7-D-US House)

Candidate Name  
Joseph Crowley

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: D8838

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Darlene Hooley for Congress

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement  
Contr. Darlene Hooley (OR-5-D-US House)

Candidate Name  
Darlene Hooley

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: D8821

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Dennis Moore for US Congress

Mailing Address PO Box 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement  
Contr. Dennis Moore (KS-3-D-US House)

Candidate Name  
Dennis Moore

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Transaction ID: D8839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Donald Manzullo for Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement  
Contr. Donald A. Manzullo (IL-16-R-US)

Candidate Name  
Donald A. Manzullo

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: D8786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ellen Tauscher for Congress

Mailing Address 20 Park Road, Suite E

City State Zip Code  
 Burlingame CA 94010

Purpose of Disbursement  
 Contr. Ellen O. Tauscher (CA-10-D-US)

Candidate Name  
 Ellen O. Tauscher

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: D8818

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 7 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

3000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Ensign For Senate

Mailing Address PO Box 26568

City State Zip Code  
 Las Vegas NV 89126

Purpose of Disbursement  
 Contr. John E. Ensign (NV-R-US Senate)

Candidate Name  
 John E. Ensign

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District:

Transaction ID: D8820

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 7 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Clay Shaw

Mailing Address 2600 NE 14th. Street Causeway

City State Zip Code  
 Pompano Beach FL 33062

Purpose of Disbursement  
 Contr. E. Clay Shaw, Jr. (FL-22-R-US)

Candidate Name  
 E. Clay Shaw, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D8830

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 7 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of Dave Reichert

Mailing Address P.O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement  
Contr. David George Reichert (WA-8-R-US)

Candidate Name  
David George Reichert

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: D8844

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Friends of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement  
Contr. John S. Tanner (TN-8-D-US House)

Candidate Name  
John S. Tanner

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: D8832

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Mike Sodrel

Mailing Address PO Box 1071

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
Contr. Michael E. Sodrel (IN-9-R-US)

Candidate Name  
Michael E. Sodrel

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: D8833

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Contr. Rahm Emanuel (IL-5-D-US House)

Candidate Name  
Rahm Emanuel

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 05

Transaction ID: D8792

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement  
Contr. Roy Blunt (MO-7-R-US House)

Candidate Name  
Roy Blunt

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: D8801

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Tramm Hudson

Mailing Address PO Box 2575

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
Contr. Tramm Hudson (FL-13-R-US House)

Candidate Name  
Tramm Hudson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: D8827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Gordon Smith for US Senate

Mailing Address 5285 SW Meadows Road  
Suite 181

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement  
Contr. Gordon H. Smith (OR-R-US Senate)

Candidate Name  
Gordon H. Smith

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: D8795

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Great Plains Leadership Fund

Mailing Address 122 Maryland Avenue, NE  
Suite 3A

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contr. Great Plains Leadership Fund (PAC)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D8800

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

5000.00

to PAC)

Full Name (Last, First, Middle Initial)

**C.** Hall of Fame PAC

Mailing Address 1717 Dixie Highway, Suite 180

City Ft. Wright State KY Zip Code 41011

Purpose of Disbursement  
Contr. Hall of Fame PAC (PAC to PAC)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D8798

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Hatch Election Committee**

Mailing Address 257 East 200 South Suite 950

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement  
Contr. Orrin G. Hatch (UT-R-US)

Candidate Name  
Orrin G. Hatch

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: D8810

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

5000.00

**[MEMO ITEM]**

Senate-redesignated)

Full Name (Last, First, Middle Initial)

## **B. Hayes for Congress**

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement  
Contr. Robin C. Hayes (NC-8-R-US House)

Candidate Name  
Robin C. Hayes

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 08

Transaction ID: D8829

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. J.D. Hayworth for Congress**

Mailing Address 14300 N. Northsight Blvd./Suite 10

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
Contr. J.D. Hayworth (AZ-5-R-US House)

Candidate Name  
J.D. Hayworth

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: D8788

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jeff Crank for Congress

Mailing Address 912 N Circle Drive, Suite 200

City Colorado Springs State CO Zip Code 80909

Purpose of Disbursement  
Contr. Jeff Crank (CO-5-R-US House)

Candidate Name  
Jeff Crank

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 05

Transaction ID: D8843

Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Jerry Weller for Congress Inc.

Mailing Address P.O. Box 15283

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contr. Gerald C. Weller (IL-11-R-US)

Candidate Name  
Gerald C. Weller

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: D8822

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**C.** Jim Jordan for Congress

Mailing Address 1709 State Route 560 S

City Urbana State OH Zip Code 43078

Purpose of Disbursement  
Contr. State Senator Jim Jordan

Candidate Name  
State Senator Jim Jordan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: D8847

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

2500.00

(OH-4-R-US House)

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jo Bonner for Congress Committee

Mailing Address P.O. Box 851232

City State Zip Code  
Mobile AL 36685

Purpose of Disbursement  
Contr. Jo Bonner (AL-1-R-US House)

Candidate Name  
Jo Bonner

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 01

Transaction ID: D8785

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 10 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Kevin McCarthy for Congress

Mailing Address 455 Capitol Mall, Suite 801

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement  
Contr. Kevin McCarthy (CA-22-R-US House)

Candidate Name  
Kevin McCarthy

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D8849

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 28 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Knollenberg for Congress

Mailing Address 30701 Woodward Avenue, Suite 300

City State Zip Code  
Royal Oak MI 48073

Purpose of Disbursement  
Contr. Joe Knollenberg (MI-9-R-US House)

Candidate Name  
Joe Knollenberg

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: D8808

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 17 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Kuhl for Congress

Mailing Address 10 Ganesvoort Street

City Bath State NY Zip Code 14810

Purpose of Disbursement  
Contr. John Randall Kuhl (NY-29-R-US)

Candidate Name  
John Randall Kuhl

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: D8806

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Lucas for Congress

Mailing Address Post Office Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement  
Contr. Frank D. Lucas (OK-3-R-US House)

Candidate Name  
Frank D. Lucas

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 03

Transaction ID: D8807

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
Contr. Mark Lunsford Pryor (AR-D-US)

Candidate Name  
Mark Lunsford Pryor

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Transaction ID: D8811

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Senate)

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mary Landrieu for Senate Committee Inc**

Mailing Address 650 Poydras Street, Suite 1434

City State Zip Code  
New Orleans LA 70130Purpose of Disbursement  
Contr. Mary L. Landrieu (LA-D-US Senate)Candidate Name  
Mary L. LandrieuCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Transaction ID: D8813

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Matheson for Congress**

Mailing Address 677 South 200 West, Suite A

City State Zip Code  
Salt Lake City UT 84101Purpose of Disbursement  
Contr. James D. Matheson (UT-2-D-US)Candidate Name  
James D. MathesonCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: D8815

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	6

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**C. Matsui for Congress**

Mailing Address PO Box 1738

City State Zip Code  
Sacramento CA 95812Purpose of Disbursement  
Contr. Doris Matsui (CA-5-D-US House)Candidate Name  
Doris MatsuiCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: D8817

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A. McCrery for Congress Committee**

Mailing Address Post Office Box 52956  
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement  
Contr. Jim McCrery (LA-4-R-US House)

Candidate Name  
Jim McCrery

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

**Transaction ID: D8789**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. McNulty For Congress**

Mailing Address PO Box 1560

City Green Island State NY Zip Code 12183

Purpose of Disbursement  
Contr. Michael R. McNulty (NY-21-D-US

Candidate Name  
Michael R. McNulty

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 21

**Transaction ID: D8796**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

**C. Melissa Bean for Congress**

Mailing Address PO Box 3068

City Barrington State IL Zip Code 60011

Purpose of Disbursement  
Contr. Melissa L. Bean (IL-8-D-US House)

Candidate Name  
Melissa L. Bean

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

**Transaction ID: D8805**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mike Rogers for Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Contr. Michael J. Rogers (MI-8-R-US)

Candidate Name  
Michael J. Rogers

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: D8842

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**B. Moore For Congress**

Mailing Address P.O. Box 16646

City Milwaukee State WI Zip Code 53216-0646

Purpose of Disbursement  
Contr. Gwen Moore (WI-4-D-US House)

Candidate Name  
Gwen Moore

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 04

Transaction ID: D8819

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi for Congress**

Mailing Address 235 Montgomery Street Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Contr. Nancy Pelosi (CA-8-D-US House)

Candidate Name  
Nancy Pelosi

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: D8823

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Price for Congress**

Mailing Address P.O. Box 425

City  
Roswell

State  
GA

Zip Code  
30077

Purpose of Disbursement  
Contr. Thomas E. Price, M.D. (GA-6-R-US

Candidate Name  
Thomas E. Price, M.D.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: D8809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

House)

## **B. Price for Congress Committee**

Mailing Address PO Box 1986

City  
Raleigh

State  
NC

Zip Code  
27602

Purpose of Disbursement  
Contr. David E. Price (NC-4-D-US House)

Candidate Name  
David E. Price

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 04

Transaction ID: D8812

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

## **C. Renzi for Congress**

Mailing Address P.O. Box 219

City  
Flagstaff

State  
AZ

Zip Code  
86002

Purpose of Disbursement  
Contr. Rick Renzi (AZ-1-R-US House)

Candidate Name  
Rick Renzi

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: D8825

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ryan for Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contr. Paul Ryan (WI-1-R-US House)

Candidate Name  
Paul Ryan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: D8816

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Stabenow for Congress

Mailing Address PO Box 4945

City E Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contr. Debbie Stabenow (MI-D-US Senate)

Candidate Name  
Debbie Stabenow

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: D8841

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C.** TOMPAC

Mailing Address P. O. Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement  
Contr. TOMPAC (PAC to PAC)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Transaction ID: D8793

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Taylor for Congress

Mailing Address PO Box 2355  
22 South Pack Square/Suite 201

City Asheville State NC Zip Code 28802

Purpose of Disbursement  
Contr. Charles H. Taylor (NC-11-R-US)

Candidate Name  
Charles H. Taylor

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D8831

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Team Emerson for Jo Ann Emerson

Mailing Address P.O. Box 822

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement  
Contr. Jo Ann Emerson (MO-8-R-US House)

Candidate Name  
Jo Ann Emerson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Transaction ID: D8787

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Thelma Drake for Congress

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement  
Contr. Thelma D. Drake (VA-2-R-US House)

Candidate Name  
Thelma D. Drake

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D8828

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement  
Contr. Tom Feeney (FL-24-R-US House)

Candidate Name  
Tom Feeney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: D8802

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Voinovich for Senate Committee

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
Contr. George V. Voinovich (OH-R-US)

Candidate Name  
George V. Voinovich

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: D8848

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

5000.00

Senate)

Full Name (Last, First, Middle Initial)

**C.** Wally Herger for Congress Committee

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement  
Contr. Wally Herger (CA-2-R-US House)

Candidate Name  
Wally Herger

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: D8797

Date of Disbursement

07 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Wally Herger for Congress Committee**

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement  
Contr. Wally Herger (CA-2-R-US House)

Candidate Name  
Wally Herger

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: D8846

Date of Disbursement

07 / 28 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

## **B. Weldon For Congress Committee**

Mailing Address P.O. Box 1992

City Media State PA Zip Code 19063

Purpose of Disbursement  
Contr. Curt Weldon (PA-7-R-US House)

Candidate Name  
Curt Weldon

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: D8794

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

129500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAIFA

Nature of Debt (Purpose):

Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

City State

Falls Church VA

ZIP Code

22042-1205

Outstanding Balance Beginning This Period

55912.27

Transaction ID: DD#7711

Amount Incurred This Period

43783.79

Payment This Period

55912.27

Outstanding Balance at Close of This Period

43783.79

1) **SUBTOTALS** This Period This Page (optional).....

43783.79

2) **TOTALS** This Period (last page this line number only).....

43783.79

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only)